

FORM  
5

Rev  
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400425165

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 100322

4. Contact Name: EILEEN ROBERTS

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-35764-00

6. County: WELD

7. Well Name: Keely

Well Number: B11-63-1HN

8. Location: QtrQtr: NESE Section: 10 Township: 5N Range: 64W Meridian: 6

Footage at surface: Distance: 1831 feet Direction: FSL Distance: 914 feet Direction: FEL

As Drilled Latitude: 40.411510 As Drilled Longitude: -104.530350

GPS Data:

Data of Measurement: 10/24/2012 PDOP Reading: 2.6 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: 1048 feet. Direction: FSL Dist.: 131 feet. Direction: FWL

Sec: 11 Twp: 5N Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 1012 feet. Direction: FSL Dist.: 527 feet. Direction: FEL

Sec: 11 Twp: 5N Rng: 64W

9. Field Name: KERSEY

10. Field Number: 44600

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/10/2012 13. Date TD: 11/21/2012 14. Date Casing Set or D&A: 11/23/2012

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 11961 TVD\*\* 6577 17 Plug Back Total Depth MD 11944 TVD\*\* 6560

18. Elevations GR 4603 KB 4616

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL, GRL, MWD.

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	17+1/2	16+0/0	42.05	0	113	80	0	113	VISU
SURF	13+3/4	9+5/8	36.00	0	645	371	0	645	VISU
1ST	8+3/4	7+0/0	26.00	0	7,025	576	0	7,025	CALC
1ST LINER	6+1/8	4+1/2	11.60	6910	11,946	0			

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	2,806		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,502		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,260		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,837		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,595		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Eileen Roberts

Title: Regulatory Specialist Date: \_\_\_\_\_ Email: eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400425184	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400425186	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400425187	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)